

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 28, 2002.

### **I. DISPUTE**

Whether there should be additional reimbursement for Ambulatory Surgical Center care for May 18, 2001.

### **II. RATIONALE**

The requestor submitted an EOB with the denial code of "M". Ambulatory Surgical Center care is not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor billed \$4,359.04 for the Ambulatory Surgical Center care; the respondent paid \$577.00 leaving a balance of \$3,782.04. The requestor submitted redacted EOBs that indicate that their charges were fair and reasonable. However, the redacted EOBs do not reflect similar procedure as identified in this dispute. Therefore, reimbursement is not recommended.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for Ambulatory Surgical care.

The above Finding is hereby issued this 4<sup>th</sup> day of September 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

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